

Altius Health Plans
Individual Plans - Premium R

For Coverage Effective: 01/01/

PEAK 80%

Age Group	\$0 Medical Deductible									\$0 Single
	\$0 RX Deductible			\$500 RX Deductible			\$1000 RX Deductible			
	Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	
0 - 19	99	198	319	93	185	298	90	179	289	92
20 - 24	124	250	374	116	234	350	112	226	338	115
25 - 29	134	268	389	125	251	364	121	243	352	124
30 - 34	170	349	523	159	326	489	154	316	473	158
35 - 39	188	376	600	176	352	561	170	340	543	174
40 - 44	223	456	729	209	426	682	202	413	660	207
45 - 49	252	515	850	236	482	795	228	466	769	234
50 - 54	297	604	905	278	565	846	269	547	819	276
55 - 59	335	670	839	313	626	784	303	606	759	311
60 - 64	389	778	894	364	727	836	352	704	809	361
65+	537	1,073	1,234	502	1,003	1,154	486	971	1,117	498

Age Group	\$500 Medical Deductible									\$0 Single
	\$0 RX Deductible			\$500 RX Deductible			\$1000 RX Deductible			
	Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	
0 - 19	86	171	276	80	160	258	78	155	250	81
20 - 24	108	215	323	101	201	302	98	195	292	102
25 - 29	116	232	336	108	217	314	105	210	304	110
30 - 34	147	301	452	137	281	423	133	272	409	139
35 - 39	162	324	519	151	303	485	147	293	470	153
40 - 44	193	394	630	180	368	589	175	357	570	183
45 - 49	218	445	734	204	416	686	197	403	664	206
50 - 54	257	521	782	240	487	731	233	472	708	243
55 - 59	290	579	724	271	541	677	262	524	655	273
60 - 64	336	672	772	314	628	722	304	608	699	317
65+	463	926	1,065	433	866	996	419	838	964	438

PEAK 70%

Age Group	\$1000 Medical Deductible									\$0 Single
	\$0 RX Deductible			\$500 RX Deductible			\$1000 RX Deductible			
	Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	
0 - 19	73	146	234	68	137	219	66	132	212	69
20 - 24	91	183	274	85	171	256	82	166	248	87
25 - 29	98	197	286	92	184	267	89	178	259	94
30 - 34	125	256	384	117	239	359	113	232	348	119
35 - 39	138	276	441	129	258	412	125	250	399	131
40 - 44	164	335	535	153	313	500	148	303	484	156
45 - 49	185	378	624	173	353	583	167	342	565	176

50 - 54	219	444	665	205	415	622	198	402	602	207
55 - 59	247	492	615	231	460	575	224	445	557	234
60 - 64	286	571	657	267	534	614	259	517	595	271
65+	394	787	906	368	736	847	357	712	820	374

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Age Group	\$500 Medical Deductible (Deductible First)										Single
	\$0 RX Deductible			\$500 RX Deductible			\$1000 RX Deductible			\$0	
	Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	Single	
0 - 19	67	136	218	63	128	205	61	124	198	63	
20 - 24	85	171	255	80	161	240	77	156	232	79	
25 - 29	92	183	266	86	172	250	84	167	242	85	
30 - 34	116	238	358	109	224	337	106	217	326	108	
35 - 39	129	257	411	121	242	386	117	234	374	119	
40 - 44	153	312	499	144	293	469	139	284	454	142	
45 - 49	173	352	582	163	331	547	157	320	530	159	
50 - 54	203	413	619	191	388	582	185	376	563	188	
55 - 59	230	459	574	216	431	540	209	418	522	213	
60 - 64	266	532	612	250	500	575	242	484	557	247	
65+	367	734	844	345	690	793	334	668	768	340	

Age Group	PEAK ADVANTAGE										Single	
	10% / \$15											\$0
	\$0 RX Deductible			\$500 RX Deductible			\$1000 RX Deductible			\$0		
Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	Single			
0 - 19	85	168	270	79	157	252	77	152	244	79		
20 - 24	105	211	316	98	197	295	95	191	286	100		
25 - 29	113	227	329	106	212	308	102	205	298	107		
30 - 34	144	295	442	135	276	413	130	267	400	135		
35 - 39	159	317	508	149	296	475	144	287	460	149		
40 - 44	190	386	617	178	361	577	172	349	558	178		
45 - 49	213	435	719	199	407	672	193	394	651	200		
50 - 54	252	511	767	236	478	717	228	462	694	237		
55 - 59	284	567	710	266	530	664	257	513	643	266		
60 - 64	329	658	757	308	615	708	298	595	685	309		
65+	454	908	1,045	424	849	977	411	822	946	426		

** Medical deductibles and copayments for Peak Advantage are determined by levels - please see I Plan enrollment book for pl

All pharmacy deductibles are family deductibles.

All of the above rates are base rates. Policies may be rated up at the underwriter's discretion

Rate Sheet

07 - 03/31/07

\$250 Medical Deductible							
RX Deductible		\$500 RX Deductible			\$1000 RX Deductible		
2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family
184	296	86	172	277	83	167	268
232	347	108	217	324	104	210	314
249	361	116	233	338	112	225	327
324	485	148	303	453	143	293	439
348	558	163	325	522	157	315	505
423	677	194	396	633	187	383	613
478	789	219	447	738	212	433	714
560	840	258	524	785	250	507	760
622	778	291	582	727	281	563	704
721	829	338	674	775	327	653	750
995	1,145	466	930	1,071	451	900	1,036

\$1000 Medical Deductible							
RX Deductible		\$500 RX Deductible			\$1000 RX Deductible		
2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family
162	261	76	151	244	73	147	236
204	306	95	191	286	92	185	277
219	317	103	205	296	100	198	287
285	427	130	266	399	126	258	386
307	490	143	287	458	138	278	443
372	595	171	348	556	166	337	538
420	694	193	393	649	186	380	628
492	739	227	460	691	220	445	669
548	684	255	512	640	247	496	619
635	730	296	594	683	287	575	661
875	1,006	410	818	941	396	792	910

Service Area: Box Elder County, Cache County, Davis County, Emery County, *Juab County, Salt Lake County, *Sanpete County, Sevier County, Uintah County, Utah County, Washington County, Weber County

*Partial County Coverage

Single Rate

2 Pty = 2 party

Family = 3+ members

\$2000 Medical Deductible							
RX Deductible		\$500 RX Deductible			\$1000 RX Deductible		
2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family
139	222	65	130	208	62	126	201
174	261	81	163	244	79	157	236
188	271	88	176	253	85	170	245
243	365	111	227	341	108	220	330
262	419	122	245	392	119	237	379
318	508	146	297	475	141	288	460
359	593	165	336	554	159	325	537

All pharmacy deductibles are family de

420	631	194	393	590	187	380	571
468	585	219	438	547	212	424	529
542	624	253	507	583	245	491	565
748	860	350	699	804	338	677	778

All of the rates listed are base rates.
Policies may be rated up at the underwriter's discretion.

Altius Health Plans

Individual Plans - Premium Rate Sheet

Coverage Effective: 01/01/07 - 03/31/07

PEAK TRADITIONAL

\$1000 Medical Deductible (Deductible First)								\$2000 Medical Deductible			
RX Deductible		\$500 RX Deductible			\$1000 RX Deductible			\$0 RX Deductible			\$500
2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family	Single
126	202	59	118	190	57	115	184	60	119	190	56
158	237	74	149	223	72	144	216	75	150	224	71
170	247	80	160	232	77	155	225	81	160	232	76
221	331	102	208	311	98	201	301	102	209	313	96
238	380	112	224	357	108	217	346	112	224	360	105
288	463	133	271	435	129	262	421	134	273	437	126
327	538	149	307	506	145	298	490	151	308	508	142
383	573	177	360	539	171	349	521	178	361	542	167
424	531	200	399	499	194	386	483	201	401	501	189
493	566	232	463	532	225	449	515	232	465	535	218
680	782	320	639	735	309	619	712	321	642	738	302

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20% / \$20

RX Deductible		\$500 RX Deductible			\$1000 RX Deductible		
2 Pty	Family	Single	2 Pty	Family	Single	2 Pty	Family
157	254	74	147	237	71	142	230
198	298	94	185	279	91	179	270
213	309	100	199	289	97	193	280
278	416	126	260	389	122	252	376
299	478	139	280	447	135	271	433
362	580	166	338	542	161	328	525
410	676	187	383	632	181	371	612
481	720	222	450	673	214	435	652
534	667	249	499	624	241	483	604
618	711	289	578	665	280	559	643
853	982	398	798	918	386	772	889

Service Area: Box Elder County, Carbon County, Davis County, Emery County, *Juab

Salt Lake County, *Sanpete County, Sevier County, Uintah County, Utah County, Washington County, Weber County

*Partial County Coverage

Single Rate
2 Pty = 2 party
Family = 3+ members

Plan description and details.

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County, Morgan County,
Summit County, Tooele
/, Wasatch County,

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Deductible (Deductible First)				
) RX Deductible		\$1000 RX Deductible		
2 Pty	Family	Single	2 Pty	Family
112	179	55	108	173
141	211	68	137	204
150	218	74	146	211
196	294	93	190	285
211	338	102	204	328
257	411	122	248	398
290	478	137	280	462
339	509	162	329	493
377	471	183	365	456
437	503	211	423	487
603	694	292	584	672

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County, Morgan County,

Summit County, Tooele
/, Wasatch County,

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